Public Health Council

Thursday, October 1, 2015
Wisconsin Department of Health Services

1 West Wilson Street, Room B-157A, Madison, WI 53703
Madison, WI 53703
9:00a.m. – 12:00p.m.

Council Members Present:

Mr. Terry Brandenburg; Dr. Gary Gilmore; Mr. Dale Hippensteel; Mr. William Keeton; Mr. Bob Leischow; Dr. Sandra Mahkorn; Ms. Joan Theurer; Mr. Mark Villalpando; Mr. Thai Vue; Dr. Darlene Weis

Council Members Excused:

Ms. Bridget Clementi; Ms. Mary Dorn; Dr. James Sanders; Mr. Jay Shrader; Mr. Michael Wallace Mr. Eric Krawczyk; Dr. Alan Schwartzstein

Council Members Absent:

Division of Public Health (DPH) Staff:

María M. Flores Program & Policy Analyst, Minority Health Program

Jon Hoelter DHS Legislative Advisor

Tasha Jenkins Director, Office of Policy and Practice Alignment (OPPA)
Martha Mallon Program Director, Organ and Tissue Donation Program

Karen McKeown
Chuck Warzecha
Division Administrator and State Health Officer
Deputy Administrator, Division of Public Health

Acronym Guide and Links:

CLAS Culturally & Linguistically Appropriate Services in Health & Health Care

(Minority Health Program)

DHS <u>Wisconsin Department of Health Services</u>

DPH Wisconsin Division of Public Health

HW2020 Healthiest Wisconsin 2020 / State Health Plan

LPHD Local Public Health Department

MHLC <u>Wisconsin Minority Health Leadership Council</u>

NACCHO National Association of County and City Health Officials

PHAB <u>Public Health Accreditation Board</u>

PHC Public Health Council

WALHDAB Wisconsin Association of Local Health Departments and Boards

WI-HA Wisconsin Health Assessment

WI-HIP Wisconsin Health Improvement Plan
WPHA Wisconsin Public Health Association

A comprehensive guide can be found under "Public Health Acronyms & Abbreviations" at: https://share.health.wisconsin.gov/ph/OPPA/Policy/Council/SitePages/Home.aspx

The meeting commenced at 9:08a.m.

OPEN FORUM

COUNCIL BUSINESS

Review and Approve August 7, 2015 minutes

- Dr. Gary Gilmore move to accept the minutes.
- Dr. Darlene Weis seconded.

All were in favor of accepting the minutes. There were no changes or discussion.

Bylaws and Rules of Order

- Dr. Gary Gilmore moved to discuss the proposed changes to the Bylaws.
- Dr. Darlene Weis seconded.

Dr. Gary Gilmore stated that the Bylaws are intended to guide and provide protocol, but also to continue free flow of discussion and deliberation.

Tasha Jenkins explained the information she received from the Office of Legal Counsel (sent to Council members August 17, 2015), which is reflected in the sidebar comments of the Bylaws.

• There was unanimous consent to accept the updated Bylaws and Rules of Order.

STATE HEALTH PLAN COMMITTEE REPORT

Dr. Sandra Mahkorn stated that the State Health Plan Committee met telephonically on September 29. Tasha Jenkins at that time affirmed that their efforts are consistent with the process, and this will dovetail with work done by strategic partners and other focus groups. Dr. Mahkorn discussed the handout sent with the agenda packet. There was discussion with recommended changes to the document, which Dr. Mahkorn made.

- Joan Theurer stated that we are benefitting because the Council is made up of diverse stakeholders, and each member brings something to the table. There will be opportunities for a broader base of stakeholders to weigh-in.
- Terry Brandenburg stated that the discussion revolved around the Forces of Change. This involves focus groups to step beyond the issue. For example, what other forces are out there around obesity issues? There are business and

- economic factors associated with issues, and it is important to step back and do a full environmental scan before moving forward. The issues need to be on the table for consideration; not necessarily a checklist, but they do need to be raised.
- Thai Vue stated that this is not a new initiative; the goals and objectives have already been identified, but we cannot include objectives we cannot measure. He is concerned about choosing the priorities to measure the state health plan already contains what needs to be measured. The issues were already defined at the community level, and people should hear what they need to hear about progress made. He does not want to leave something out that would be a deficit for the public not to know. There are some critical issues being left out like those that don't have political support or clout. There are many areas where progress has been made.
- Dr. Sandra Mahkorn stated that this work is geared more toward developing criteria for highlighting issues. She also understood that in Kim Whitmore's interviews, people stated that there needed to be a process.
- Bill Keeton reminded the Council members about the December, 2014 Disparities Resolution. There are still deficits to be addressed. We must keep this in mind moving forward.

MID-COURSE REVIEW

Karen McKeown stated that they are trying to envision what this would look like, and she thanked Council members for bearing with them, and apologized for any confusion.

- The 23 focus areas did not necessarily have ways to track them.
- The last Council meeting really helped to bring clarity to the process.
- The Division is also working on accreditation through PHAB (Public Health Accreditation Board). This Mid-Course Review is also an opportunity to do a state health assessment and planning to meet accreditation standards. She is speaking with staff and WALHDAB first before going to broad partners.

Tasha Jenkins explained the documents that were sent prior to the meeting:

- the overall collaborative structure graphic of the process (WI-HIPP); and
- The narrative explanation of the structure. There are new terms being introduced and she wants to let the Council know those terms.

The terminology is different than used in 2010:

- WI-HA = Wisconsin Health Assessment;
- WI-HIP = Wisconsin Health Improvement Plan;
- WI-HIPP = Wisconsin Health Improvement Planning Process.

Tasha Jenkins reiterated that the PHC is an important partner in this process. In looking at the collaborative structure document, the Steering committee would be co-chaired by Karen McKeown and Bill Keeton. There are other workgroups: data, engagement, other.

- The next phase as we move into health improvement is having Council input/work in terms of scoring criteria.
- The Engagement workgroup will create an engagement plan through partnerships.

Thai Vue asked who would be in the data and engagement workgroups.

Karen McKeown stated they want to obtain ideas, names and organizations/groups from Council members, which eventually will be narrowed down. There is a plan to build a website similar to the Well Woman website where anybody may provide information. They envision that each focus area would have a group of people who are subject matter experts; one area that may be looked at is the *HW2020 Baseline and Health Disparities Report*.

• Tasha Jenkins stated that there is a tool being used to identify stakeholders at various level of engagement. This will be sent to Council members to fill in with names or organizations/groups, with a one-week turnaround. The overall timeframe is to have the implementation plans completed by the middle of next year. *E-mailed to Council members* 10-02-2015.

The types of involvement include looking at focus areas, and among the DPH and external partners. Staff are also looking at program reports to preliminarily populate the criteria developed. The data groups will take all information and put together an ordered list of the criteria, which will go to the steering committee, which will make recommendations: what are the top priorities, and what should Wisconsin be working on? They are looking for individuals with broad perspectives for the Steering committee. They are looking for people who can provide insight on data for the Data committee.

Dr. Gary Gilmore asked about the engagement workgroup. He feels messaging is extremely important.

• Karen McKeown stated that the people on this committee will have excellent communication skills and can communicate complex processes simply.

Bill Keeton stated that the structure that is being implemented looks like some of the structure implemented in the Council to better meet the Council's goals.

COUNCIL UPDATES

Division of Public Health Karen McKeown, Administrator and State Health Officer

> Karen McKeown stated that her update was the previous discussion around the Mid-Course Review.

Legislative Update Jon Hoelter, Legislative Advisor

Jon Hoelter introduced himself to Council members; he started his current position in late July.

- AB213 / SB143 Ambulance staffing. There are a few ambulance bills going through right now. This bill calls for one EMT and one first responder (who is the driver). DHS would have to run a waiver program to gain flexibility. DHS may have difficulty running this administratively. The bill is interpreted as if the community that a provider serves is under 10,000 people, there is flexibility; a waiver may be granted for a community up to 20,000; if the community is over 20,000, the provider cannot serve the community.
- 2. <u>AB289</u> / <u>SB210</u>. Mutual aid with regard to emergency services. This bill applies to border areas, specifically with Illinois, and allows an out of state provider, with a valid license in their home state, to respond to mutual aid calls. No floor vote is scheduled yet, and the Senate has not taken any action on the bill.
- 3. AB 310 Title X family planning grant bill. This would allow DHS to apply for this funding, send the money to the Well Woman Program in the Division of Public Health, and extra funds to primary and preventive care. It made it through committee at the Assembly level. The bill originally prohibited any providers from sending it to another entity that performs abortions, or refers abortions, but Title X policy requires any woman who requests an abortion to get a referral, so the current iteration of the bill works better with federal law.
- 4. <u>AB257</u> / <u>SB178</u> Lead inspections. This would allow exemptions from lead inspections requirements for sampling or testing under certain circumstances. They would still need to follow lead safe practices. There will be a public hearing in the Senate; DHS is monitoring this legislation.
- 5. AB297 Vital records. This bill would repeal requirements with regard to making copies of events that occurred prior to October 1, 1907. This made through the Assembly committee, no action in Senate.
- 6. AB312/SB218 would prohibit any employer, including state and local governments, from taking any punitive or discriminatory action against an employee (including interns or volunteers) or contractor for refusing to get a flu shot. It also prohibits employers from refusing to hire or renew a contract of an employee who refuses to get a flu shot. SB 218 was introduced on 7/28/15 and AB 312 was introduced on 8/20/15. Neither bill has had a public hearing at this point. He will let Council know if either receives any action.
 - Dr. Gary Gilmore wanted information on this to be sent directly to Bill Keeton to be disseminated, rather than waiting until the next meeting.

Terry Brandenburg asked if the Secretary provides commentary on bills, and if those documents on the Department's position be shared with the Council.

- Jon Hoelter responded that the Department does not take a position on legislation, but only provides information.
- 7. <u>AB311</u> Billing Medicaid for prescription drugs by certain entities. This bill will change reimbursement for 340B drugs acquisition costs and the dispensing fee. DHS can do this without legislative action.

Preparedness and Emergency Health Care Update Jenny Ullsvik, Director of the Office of Preparedness and Emergency Health Care

Tasha Jenkins read an update provided by Jenny Ullsvik:

In September, the Office of Preparedness and Emergency Health Care hosted visitors from the CDC who conducted a Medical Countermeasures Operational Readiness Review to assess Wisconsin's readiness to distribute antibiotics quickly in the event of a terrorist attack using aerosolized Anthrax. The CDC staff spent one day in the City of Franklin and three staff at DHS reviewing capabilities in areas ranging from volunteer management to communications to medical materiel management and distribution. Wisconsin was the first state in the country to be reviewed and early indications support that both the state and local levels were assessed at the highest level: "Advanced." A final report will be received in 60 days.

- Dr. Gary Gilmore stated that this report should be a topic of review for the next meeting to give members greater insight into the procedures.
- Dale Hippensteel stated that he will coordinate a meeting of the Preparedness Committee for November, and have an update for the next Council meeting.

Wisconsin Minority Health Leadership Council Thai Vue, Council Liaison to the Wisconsin Minority Health Leadership Council

Thai Vue gave an overview of the September 10, 2015 Wisconsin Minority Health Leadership Council meeting held in Milwaukee. *His overview was sent to Public Health Council members following the meeting.*

- About half of the Council is new.
- Kristen Grimes, Chair of the WPHA-WALHDAB Joint Public Affairs Committee visited the Council to discuss priorities.
- The mental health stigma video created by the Council's Mental Health
 Community Team made it to the White House, and the work of one of the
 subjects was recognized by President Obama at the 25th Anniversary of the
 Americans with Disabilities Act. Thai would like this video, along with the
 President's remarks, shown at the next Council meeting if possible.
- The DHHS Region 5 Minority Health Coordinator Mildred Hunter attended the meeting.
- Tasha Jenkins began a conversation with the Council members about changes that will need to be made in the Council.

Dr. Gary Gilmore asked about the "changes in the Minority Health Leadership Council." Thai Vue stated that in previous Public Health Council meetings, Tasha Jenkins updated members about some of these changes regarding the bylaws, and alignment to the Division.

DISCUSSION:

There was additional dialogue with Tasha Jenkins and Karen McKeown regarding Jon Hoelter's legislative overview.

Dr. Gary Gilmore was appreciative of the discussion time allocated; members would benefit in continuing to receive updates as they occur even between Council meetings. All members are interested in how the state health plan workgroups are comprised. He asked if there are other ways to have input between Council meetings related to critical next steps. This extra time truly makes a difference.

Bill Keeton asked that members not shy away from nominating themselves when they receive the stakeholder forms from the Office.

Terry Brandenburg stated that as there is now a change of direction of the Mid-Course Review, and looking into the future of this process, is there a plan to align with national accreditation and apply for accreditation?

Chuck Warzecha stated that there is a high-level plan. PHAB came out with a revised timeline, and it may shorten our timeframe. There are now six (6) required documents. The Division does not want to set itself up to fail. The estimated timeline:

- July 2016: Registration.
- Late 2016 early 2017: Submit application and fee.
- 2017: Submit all documents.
- Early to mid 2018: PHAB site visit to Wisconsin.
- Fall 2018: Wisconsin becomes PHAB-accredited.

Terry Brandenburg recalled the discussions one year ago about the functions of the Council; will the Council take advantage of upcoming opportunities? For example, removing some exemptions in immunization laws, measles outbreaks, etc. Could the Council look at important public health issues revolving around public health law and make recommendations to lawmakers?

Bill Keeton stated that he has been working on developing a vaccination resolution specifically about being proactive and not reactive, and it was discussed at the last Executive Committee meeting. He hopes to get it out soon. He also wants to ensure time at each meeting to discuss issues.

Joan Theurer stated that there needs to be more clarity regarding the process on how the Council can be more proactive and responsive. Perhaps the Executive Committee can make other Council members aware on what conversations are taking place; for example, it would be helpful to know if the PHC is having conversations with WALHDAB, are monitoring legislation, etc. She will send an example resolution to Bill Keeton.

Bill Keeton asked that members do not hesitate to raise issues with him, the Executive Committee, or all members. We need to be careful that the discussions are well-informed.

Bob Leischow asked if there would be an opportunity to put public affairs updates as a standing agenda item. WALHDAB has a lot of information to share. Perhaps Dr. Alan Schwartzstein can connect with them or they should come regularly to provide updates. Bill Keeton stated that members should contact Dr. Alan Schwartzstein if they wish to serve on the committee.

Thai Vue stated that an important subject is the National Standards for the Culturally & Linguistically Appropriate Services in Health & Health Care (CLAS).

 He would like this to be considered as an agenda item for the next meeting, and requested that Tasha Jenkins make arrangements for Evelyn Cruz talk about the standards; this would take 30-45 minutes.

Tasha Jenkins stated that Kim Whitmore's position was filled by Mimi Johnson, who will start full-time on October 12. She is currently in a different Division within DHS.

Bill Keeton stated that María M. Flores will poll Council members about the December meeting, either a full day in-person, or a half-day online.

Thai Vue moved to adjourn Dale Hippensteel seconded.